ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	H		10-1-01	
O.I.P.E. CLASSIFIER	,,	21	10/01/01	
FORMALITY REVIEW	# =5	866	16.29.01	
RESPONSE FORMALITY REVIEW	CX	1109	_12-06-01	
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If more than 150 claims or 10 actions staple additional sheet here

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